

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
EXAMINATIONS & LICENSING
Mail Code 401-04E
PO Box 420
Trenton, NJ 08625-0420

STATEMENT OF QUALIFICATIONS

INSTRUCTIONS:

Part A of this form must be filled out by the applicant. Part B must be completed by the Administrator/Owner of the facility. A separate form is to be completed by each Administrator/Owner of the facility substantiating your operating experience. If your experience was gained while in the employment of a consulting or contract operations firm, each facility at which you worked must be documented. **All experience must be submitted on this form.** Please photocopy this form if you have more than one employer. Only forms with original signatures will be considered.

PART A

APPLICANT NAME _____

EXAM TYPE VSWS _____

APPLICANT JOB TITLE _____

PLACE OF EMPLOYMENT _____ PWSID# _____

LICENSE CLASSIFICATION(S) OF FACILITY _____

DATES OF EMPLOYMENT: From _____ To: _____

PART B

TOTAL OPERATING EXPERIENCE AT THIS FACILITY: _____ Yrs. _____ Mos.

Describe specific duties (responsibilities) performed while in the job title indicated above. Indicate the percentage of time spent in each area.

OPERATIONS (Records, reports, equipment operating, etc.)

_____ % of time

MAINTENANCE (Pumps, level controls, chlorination, etc.)

_____ % of time

LABORATORY PROCEDURE (Process control and regulatory testing)

_____ % of time

DISTRIBUTION (O & M procedures)

_____ % of time

Are you the Administrator/Owner of this facility? _____ Yes _____ No

To the best of my knowledge, I certify the information provided on this statement of qualifications and any additional attachments is factual and accurate.

Print Name

Signature

Date

If you hold a NJ water
treatment or
distribution license,
please list the license
class(es) currently held
and license number(s)

Title of Signatory
(Administrator, Owner, Superintendent, etc.)